

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line.

Here give the claimant's statement as briefly and as compactly as possible.

Here give a full description of the disabilities, in accordance with Book of Instructions.

[State above whether for original, increase, or restoration.]

Pension Claim No.

568,338

, Rank,

Priv

Company

Reg't

U.S.C.V.I.

Washington

State

[Post-office address of the Board.]

June

1894

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

in the service, viz: Heart dis.; Rheumatism in both shoulders; impaired eyesight; piles; kidney affection; swelling in right wrist and hand; weakness in head; wound of left ankle and neuralgia; and general debility.

and that he receives a pension of six dollars per month.

He makes the following statement upon which he bases his claim for

[Original, increase, restoration, &c.]

Rheumatism in both shoulders; left arm small of back and back legs; piles; 'heart dis.'; Breathing short. Vertigo.

Upon examination we find the following objective conditions: Pulse rate, 64-68; respiration, 18; temperature Normal; height, 5 feet 5 inches; weight, 145 pounds; age, about 65 years.

Rheumatism: Right pain upon pressure and motion in both shoulders lumbar region, left hip, knee and ankle. Considerable pain upon pressure and motion in left elbow and ankle. Both shoulders and left knee crepitant. Tissues around right ankle slightly thickened. No atrophy, contraction of tendons or restriction of movements. Knee & ankle joints move stiffly, producing considerable limp.

Heart normal. Eyes: Nears xth line Snellen's type at 18 feet; 5th at 16; 6th at 12; 7th at 8; 8th at 6; 9th at 4. Globes and appendages normal in appearance.

No evidence of piles, kidney affection; weakness in head, vertigo, dyspnea; wound of left ankle, swelling in right wrist and hand, or neuralgia.

No other disability. No evidence of vicious habits. Claimant well-nourished. Hands lightly calloused. Claimant can only do light manual labor. He is chiefly. He is, in our opinion, entitled to a

Rate for EACH cause of disability.

rating for the disability caused by, for that caused by, and, for that caused by

disabled by senility.

A. Ball, Pres. Sterling Ruffin, Sec'y. W. P. Axman, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.